



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): James F. McGuckin, Jr., et al

Serial No.: 10/800,298

Group Art Unit: 3731

Filed: March 12, 2004

Examiner: Dawson, Glenn K.

For: **DISTAL PROTECTION DEVICE**

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING

Date of Deposit: 2/16/07

I hereby certify that the following:

- ☒ This Certificate of Mailing
- ☒ Amendment
- ☒ Amendment Fee Transmittal
- ☒ Supplemental Information Disclosure Statement
- ☒ Form PTO-1449
- ☒ Petition for Extension of Time
- ☒ Return postcard

are being deposited with the United States Postal Service first class mail on the Date of Deposit indicated above in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Neil Gershon
Rex Medical
1011 High Ridge Road
Stamford, CT 06905
(203) 329-8750



Docket No.: 1263

THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Serial No.: 10/800,298

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AMENDMENT FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

☒ No additional fee is required.

☐ The additional fee has been calculated as shown below:

CLAIMS AS AMENDED

	Claims Remaining After Amendment		Highest No. Covered by Previous Payments		Extra	Rate Fee	Additional
Total Claims*	23	-	23	=	0 x	\$ 25.00	\$ 0.00
Independent Claims	3	-	3	=	0 x	\$100.00	\$ 0.00
Multiple Dependent Claim(s)	(If claims added by amendment include Multiple Dependent Claim(s) and there was no Multiple Dependent Claim(s) in application before amendment add \$270.00 to additional fee.)						\$ <u>0.00</u>
Total:						\$	0.00

* Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. §1.75(c).

☐ Charge the fee of \$_____ to Deposit Account No. 501567
TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No. 501567. **TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED.**

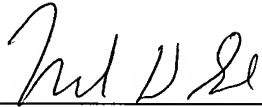
☐ Pursuant to 37 C.F.R. §1.48(b) an Amendment and Petition to Delete Inventor(s) is enclosed.

Petition for Extension of time pursuant to 37 C.F.R. §1.136(a):
[please check one]

1. ☐ Is enclosed herewith.
2. ☒ Is not believed to be required. However, if a petition for extension of time under 37 C.F.R. §1.136(a) is required with this Amendment, please treat this paper as a petition for such extension. The Commissioner is hereby authorized charge the required extension fee pursuant to 37 C.F.R. §1.17, to Deposit Account No. 501567.

Respectfully submitted,

Dated: 2/16/07

By: 
Neil D. Gershon
Reg. No. 32,225
Attorney for Applicant

Rex Medical
1011 High Ridge Road
Stamford, CT. 06905
(203) 329-8750

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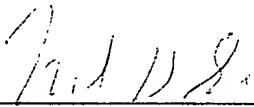
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Respectfully submitted,

Dated: 7/14/07

By: 
Neil D. Gershon
Reg. No. 32,225
Attorney for Applicant

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Dated: 7/16/07

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